

Department of Health Eligibility Verification



Name _____

Worker _____

Pacmis/SSN _____

Worker Phone _____

All verifications are due by _____

If you cannot obtain the specific documents listed below, please contact your worker, there may be other ways to prove your eligibility. Form numbers are usually found in the upper left or right corner of the form.

Item	Verification	For
Citizenship and Age Relationship	Birth Certificate Passport Church, Military, Tribal, or Hospital Record Driver's License (I.D. only) Form 941 Marriage Certificate Naturalization Papers Alien Registration Card or I-94 (both sides)	
Social Security #	Social Security Number Receipt of Application	
Earned Income	Statement from Employer Termination Notice Form 452 Income In Kind Income Tax Return _____ Form 630/ALEI Self Employment Records Articles of Incorporation Check Stubs Received _____	
Unearned Income	Award Letters _____ Unemployment - Workers Comp. Child Support IIM Ledgers (Tribal Money) Income In Kind (Form 17) Form 1043 (Refugees) Other _____	
Expenses	Child Care Health/ Dental Insurance Premium Other _____	
Assets	Property Deed Sales Contract Trusts Stocks/Bonds CD's/Money Market 401K/IRA Checking/Savings Statements Burial Contract/Funeral Plan/Burial Spaces Other _____ Vehicle Loan Balance _____ Title/Registration for _____	
Life Insurance	Life Insurance Policy Cash Value Form 944	
Health/Accident Insurance/Info	Form 19 Orientation HMO/Provider Selection Medicare Card Employer Insurance Form Health Insurance Card (both sides)	
Deprivation Duty of Support Paternity	Divorce Decree Court Order Form 619A Form 619C (Good Cause) Paternity Papers	
Pregnancy	Proof of Pregnancy/Due Date Proof of High Risk Pregnancy	
Incapacity/ Disability	Receipt of SSI/SSA Disability Form 947 Form 21 Form 20/20M Form 354 Medical Records Form 114M	
School Attendance	Form 126 School Report Card	
Itemized Medical Bills	Bills for Medical, Pharmacy, Dental & Medical Supplies Unpaid Bills Bills for Services Received & Paid _____ Bills for Absent Family Members	
Other/Comments _____ _____ _____ _____		